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APPLICATION NUMBER FILING/RECEIPT DATE FIRST NAMED APPLICANT ATTORNEY DOCKET NO /TITLE

9/108.209 08/24/98 POEL

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Initial Patent Evamination Division (703) 308-1202

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0242/1014

PHARMACIA & UFJOHN COMPANY
INTELLECTUAL PROPERTY LEGAL SERVICES
301 HENRIETTA STREET
KAUAMAZOO MI 49001

NOT ASSIGNED

1614 DATE MAILED:

16/14/98

NOTICE TO FILE MISSING PARTS OF APPLICATION Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of \$65.00 for a small entity, in compliance with 37 CFR 1.27, or \$130.00 for a non-small entity, must also be timely submitted in reply to this to avoid abandonment.

| to av | avoid abandonment. | 1 | . P |
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| lf all ⊡'sı | all Fequired items on this form are filed within the period set above small entity (statement filed) non-small entity is \$ 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | , the total amount owed by applicant as a | 3 |
| □ ; | The statutory basic filing fee is: | • | |
| | ☐ missing. ☐ insufficient. | | |
| | Applicant must submit \$to complete the ba | sic filing fee and/or file a small entity statem | ent claiming |
| □ 2 | such status (37 CFR 1.27). 2. Additional claim fees of \$, including any multi- | tiple dependent claim fees, are required. | |
| Ą | \$ for independent claims over | er 3. | |
| : | \$ for dependent claims over | 20. | |
| | \$for multiple dependent claim surcharge. Applicant must either submit the additional claim fees or cancel a | dditional claims for which fees are due. | |
| .⊿ 3 | is missing or unexecuted. does not cover the newly submitted items. | | |
| | does not identify the application to which it applies. does not include the city and state or foreign country of applica An oath or declaration in compliance with 37 CFR 1. 63, including the above Application Number and Filing Date is required. | int's residence. residence information and identifying the ap | plication by |
| <u> </u> | 4. The signature(s) to the oath or declaration is/are by a person other 1.43 or 1.47. | | |
| | A properly signed oath or declaration in compliance with 37 CFR 1 Application Number and Filing Date, is required. | .63, identifying the application by the above |) |
| | 5. The signature of the following joint inventor(s) is missing from the o | ath or declaration: | - |
| - | | | |
| ۳. | An oath or declaration in compliance with 37 CFR 1.63 listing the inventor(s), identifying this application by the above Application Nu | names of all inventors and signed by the off Imber and Filing Date, is required. | Jue Co |
| | ceil 6. A \$50.00 processing fee is required since your check was returned | | |
| | 7. Your filing receipt was mailed in error because your check was retu | rned without payment. | 50 - 12 - 13 - 13 - 13 - 13 - 13 - 13 - 13 |
| | 8. The application does not comply with the Sequence Rules. See attached "Notice to Comply with Sequence Rules 37 CFR 1.82 | 1-1 825 " | · · · · · · · · · · · · · · · · · · · |
| | 9. OTHER: | 1-1.023. | A STATE OF |
| Dire | Direct the reply and any questions about this notice to "Attention: Box Mis | ssing Parts." | A PARTY OF THE PAR |
| | A copy of this notice MUST be r | eturned with the reply. | · · · · · · · · · · · · · · · · · · · |